MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026130 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6329

FILED JUN 21 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILLINOIS b. COUNTY MADISON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS MO
Length of stay in 1b: 48 DAYS
c. CITY OR TOWN GODFREY
Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DE PAUL HOSP
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) R R #4
Reside on Farm: Yes ☒ No ☒

3. NAME OF DECEASED (Type or print): First JAMES Middle D Last MC CLOSKEY

4. DATE OF DEATH: Month JUNE Day 14 Year 1963

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5-1-1909

9. AGE (last birthday): 54

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MEDICAL DOCTOR

10b. KIND OF BUSINESS OR INDUSTRY: MEDICINE

11. BIRTHPLACE (City and state or country): DUBUQUE IOWA

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: ROBERT C. MC CLOSKEY

13b. MOTHER'S MAIDEN NAME: MARGARET NICOLL

14. NAME OF HUSBAND OR WIFE: MARY K. MC CLOSKEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.

17. INFORMANT Address: MARY K. MC CLOSKEY GODFREY ILL.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Intra cranial aneurysm & Rupture — INTERVAL BETWEEN ONSET AND DEATH: 7 mins
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 330 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Apr 27 1963, to June 14, 1963 and last saw her/him alive on June 14, 1963
Death occurred at 7:35 a.m./p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edmund A. Dunlevie MD

22b. ADDRESS 100 N. Euclid Ave

22c. DATE SIGNED 6/15/63

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE 6-18-63

23c. NAME OF CEMETERY OR CREMATORY St. Patrick's Cem.

23d. LOCATION (City, town, or county) (State) Godfrey, Ill.

24. FUNERAL DIRECTOR ADDRESS RALPH GENT ALTON ILLINOIS

25. DATE RECD. BY LOCAL REG. JUN 15 1963

26. REGISTRAR'S SIGNATURE Earl Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	3120 710		
3			
4	0		
5	1		
6			
7	1		
8	2		
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10			
11			
12	59-0		
13			

59

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles McCarthy

Licensed Embalmer No. 4852

P. O. Address Alton, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.